

[Menu](#) | [Help](#) | [Log out](#)Navigate to: 

You are logged-in as: SSO Demo. If this account does not belong to you, please log out.

**SSO - General Information** [?](#)[SSO Menu](#)

**SSO Event ID:** New **Regional Water Board:**  
**Spill Location Name:** **Agency:** State Water Resources Control Board  
**Sanitary Sewer System:** Demo North CS

[General Info](#) [Spill Related Parties](#) [Attachments](#)

*Note: Questions with "\*" are required to be answered to certify this report.*

**SSO Type:** Category 1

**Physical Location Details**

\* **Spill location name:**

\* **Latitude of spill location:**  deg.  min.  sec. OR  decimal degrees

\* **Longitude of spill location:**  deg.  min.  sec. OR  decimal degrees

**Street number:**

**Street direction:**

- East
- North
- Northeast
- Northwest
- South
- Southeast
- Southwest
- West

**Street name:**

**Street type:**

**Suite/Apt:**

Alley  
Avenue  
Boulevard  
Circle  
Court  
Drive  
Freeway  
Highway  
Lane  
Loop  
Parkway  
Place  
Road  
Street  
Trail  
Way

Cross street:

City:

State: CA

Zip:

\* County:

Spill location description:

\* Regional Water Quality Control Board:

Region 1 - North Coast  
Region 2 - San Francisco Bay  
Region 3 - Central Coast  
Region 4 - Los Angeles  
Region 5F - Fresno  
Region 5R - Redding  
Region 5S - Sacramento  
Region 6A - South Lake Tahoe  
Region 6B - Victorville  
Region 7 - Colorado River Basin  
Region 8 - Santa Ana  
Region 9 - San Diego

**Spill Details**

\* **Spill appearance point:**

Building or structure  
Force main or pressure sewer  
Gravity sewer  
Manhole  
Other sewer system structure  
Pump station  
Other (specify)

**Spill appearance point explanation:**

(Required if spill appearance point is "Other")

\* **Did the spill discharge to a drainage channel and/or surface water?**

Yes  
No

\* **Did the spill discharge to a storm drainpipe that was not fully captured and returned to the sanitary sewer system?**

Yes  
No

\* **Private lateral spill?**

Yes  
No

**Name of responsible party (for private lateral spill only, if known):**

\* **Final spill destination:**

(Hold Ctrl key to Select Multiple answers from the list)

Beach  
Building or structure  
Other paved surface  
Storm drain  
Street/curb and gutter  
Surface water  
Unpaved surface  
Other (specify below)

**Explanation of final spill destination:**

(Required if final spill destination is "Other")

\* **Estimated spill volume:**

1000 gallons

\* **Estimated volume of spill recovered:**

gallons

\* **Estimated volume of spill that reached surface water, drainage channel, or not recovered from a storm drain:**

gallons

Estimated current spill rate (if applicable):

gallons per minute

\* Estimated spill start date/time:

 00 : 00 Date Format: **MM/DD/YYYY**

\* Date and time sanitary sewer system agency was notified of or discovered spill:

 00 : 00 Date Format: **MM/DD/YYYY**

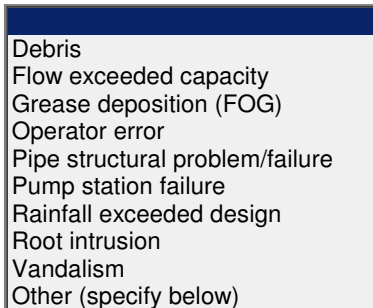
\* Estimated Operator arrival date/time:

 00 : 00 Date Format: **MM/DD/YYYY**

\* Estimated spill end date/time:

 00 : 00 Date Format: **MM/DD/YYYY**

\* Spill cause:

  
Debris  
Flow exceeded capacity  
Grease deposition (FOG)  
Operator error  
Pipe structural problem/failure  
Pump station failure  
Rainfall exceeded design  
Root intrusion  
Vandalism  
Other (specify below)

Spill cause explanation:

(Required if spill Cause is "Other")

If spill caused by wet weather, choose size of storm:

  
1 Year  
2 Year  
5 Year  
10 Year  
50 Year  
100 Year  
>100 Year  
Unknown

Diameter of sewer pipe at the point of blockage or spill cause (if applicable):

inches

Material of sewer pipe at the point of blockage or spill cause (if applicable):

Estimated age of sewer pipe at the point of blockage or spill cause (if applicable):

Description of terrain surrounding the point of blockage or spill cause (if applicable):

**\* Spill response activities:**

(Hold Ctrl key to Select Multiple answers from the list)

Flat  
Mixed  
Steep

Cleaned-up (mitigated effects of spill)  
Contained all or portion of spill  
Inspected sewer using CCTV to determine cause  
Restored flow  
Returned all or portion of spill to sanitary sewer system  
Other (specify below)

**Explanation of spill response activities:**

(Required if spill response activities is "Other")

**\* Spill response completion date:**

 00 : 00 Date Format: MM/DD/YYYY

**Visual inspection results from impacted receiving water:****\* Health warnings posted?**

Yes  
No

**\* Name of impacted beach(es) (enter NA if not applicable):****\* Name of impacted surface water(s) (enter NA if not applicable):****\* Is there an ongoing investigation?**

Yes  
No

**\* Water quality samples analyzed for:**

(Hold Ctrl key to Select Multiple answers from the list)

Dissolved oxygen  
Other chemical indicator(s) - specify below  
Biological indicator(s) - specify below  
No water quality samples taken  
Not applicable to this spill  
Other (specify below)

**Explanation of water quality samples analyzed for:**

(Required if water quality samples analyzed for is "Other chemical indicator(s)", "Biological indicator(s)", or "Other")

**\* Water quality sample results reported To:**

(Hold Ctrl key to Select Multiple answers)

County Health Agency  
Regional Water Quality Control Board  
None of the above  
No water quality samples taken  
Not applicable to this spill

**Explanation of water quality sample results reported to:**

(Required if water quality sample results reported to is "Other")

**\* Spill corrective action taken:**

(Hold Ctrl key to Select Multiple answers from the list)

Added sewer to preventive maintenance program  
Adjusted schedule/method of preventive maintenance  
Enforcement action against FOG source  
Plan rehabilitation or replacement of sewer  
Repaired sewer  
Other (specify below)

**Explanation of spill corrective action taken:**

(Required if spill corrective action is "Other")

**Overall Spill Description:**

**Notification Details**

**OES Control Number**

(Required for **Category 1** spill report if estimated spill volume >= 1000 Gals and spill reached surface water or storm drainpipe):

**OES Called Date/Time**

(Required for **Category 1** spill report if estimated spill volume >= 1000 Gals and spill reached surface water or storm drainpipe):

   :  :  Date Format: **MM/DD/YYYY**

**\* County health agency notified:**



No  
Yes

**County health agency notified date/time:**

(required if County health agency notified is "Yes")

   :  :  Date Format: **MM/DD/YYYY**

**Regional Water Quality Control Board notified date/time:**

	<input type="text"/>  00 : 00 Date Format: <b>MM/DD/YYYY</b>
<b>Other Agency Notified:</b>	<input type="text"/>
<b>Was any of this spill report information submitted via fax to the Regional Water Quality Control Board?</b>	<input type="button" value="No"/> <input type="button" value="Yes"/>
<b>Date and time spill report information was submitted via fax to the Regional Water quality Control Board:</b> (required if spill report information submitted via fax to Regional Water Board is "Yes")	<input type="text"/>  00 : 00 Date Format: <b>MM/DD/YYYY</b>
<input type="button" value="Save Work in Progress"/> <input type="button" value="Submit Draft"/> <input type="button" value="Ready to Certify"/>	
<i>Note: Questions with "*" are required to be answered to certify this report.</i>	